

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048595

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 383

Primary Registration District No. 5653

Registrar's No. 355

FILED DEC 26 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. VERNON		c. CITY OR TOWN WEBB CITY	
Length of stay in lb 5 mos. 7 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI STATE SANATORIUM		d. STREET ADDRESS (If outside, give location) 612 S. HALL ST	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CALVIN Middle E. Last PACKER		4. DATE OF DEATH Month DEC. Day 19 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-11-1895
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) HAMMOND, KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME CALVIN CONNARD PACKER		13b. MOTHER'S MAIDEN NAME ANNA ELIZABETH BEEM	
14. NAME OF HUSBAND OR WIFE JESSIE PACKER		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) yes WWI	
16. INFORMANT 4 Mrs. Jessie Packer, Webb City, Mo.		Address 612 S. Hall	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY TUBERCULOSIS FAR ADVANCED		INTERVAL BETWEEN ONSET AND DEATH 8 yrs +	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-12-63 to 12-19-63 and last saw her alive on 12-19-63		Death occurred at 9:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) J. Vernon Longslating, M.D.		22b. ADDRESS MO-STATE SAN., MT. VERNON, MO	
22c. DATE SIGNED 12-19-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/23/63	23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	
23d. LOCATION (City, town, or county) (State) Webb City, Missouri			
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home		25. DATE RECD. BY LOCAL REG. 12-23-63	
ADDRESS Webb City, Mo.		26. REGISTRAR'S SIGNATURE Koy Grantham/RV	

USE BLACK INK
OR
TYPEWRITER RIBBON

2012-10-02

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4561

P. O. Address Wills City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.